



PLEASE NOTE OUR NEW MAILING ADDRESS FOR APPLICATIONS, PURCHASE ORDERS, AND CHECKS:

NASET
28 Liberty Street
6th Floor
New York, NY 10005

Application for Exceptional Charter School

Part I - Demographic Information

Application Date: _____

School Data

School Name: _____

Street Address: _____

Street Address 2: _____

City: _____ State: _____ Zip Code: _____

Main Telephone Number: _____ Fax Number: _____ School Website: _____

Administrator/Director/Contact Data

Name: _____ Title: _____

Telephone #: _____ Email: _____ Fax: _____

Primary Application Contact: _____ Title: _____

Telephone #: _____ Email: _____ Fax: _____

Alternate Contact: _____ Title: _____

Telephone #: _____ Email: _____ Fax: _____

Special Education Director: _____ Title: _____

Telephone #: _____ Email: _____ Fax: _____

PART II—Eligibility Criteria - School Name: _____

Please answer the following questions about your charter school:

I. Licensure of Professionals: All **NASET Exceptional Charter Schools** employ special education professionals who are certified or licensed in their respective professions.

According to documentation NASET has received on your charter school, NASET is of the belief that your school meets this criterion. Is this correct?

Yes No - *If no, please explain in order for your application to be considered.*

II. Student Population: All **NASET Exceptional Charter Schools** educate students with disabilities and or disorders. This includes, but is not limited to, individuals diagnosed with:

- | | |
|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Deaf-Blindness |
| <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> Emotional Disturbance |
| <input type="checkbox"/> Health Impairments | <input type="checkbox"/> Hearing Impairments (Including Deafness) |
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Orthopedic Impairments |
| <input type="checkbox"/> Speech and Language Impairments | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Visual Impairments | |

According to documentation NASET has received on your charter school, NASET is of the belief that your school meets this criterion. Is this correct?

Yes No - *If yes, please check-off the student population that your school serves. If no, please explain in order for your application to be considered.*

III. Enrollment Size: All **NASET Exceptional Charter Schools** are schools dedicated to meeting the individual and unique needs of their students.

According to documentation NASET has received on your charter school, NASET is of the belief that your school meets this criterion. Is this correct?

Yes No - *If no, please explain in order for your application to be considered.*

IV. Staff/Student Ratio: All **NASET Exceptional Charter Schools** have a very small Staff/Student Ratio. According to documentation NASET has received on your charter school, NASET is of the belief that your school meets this criterion. Is this correct?

Yes No - *If no, please explain in order for your application to be considered.*

V. Age of Students: All **NASET Exceptional Charter Schools** serve a student age population, with all students being between 3 to 21 years of age.

According to documentation NASET has received on your charter school, NASET is of the belief that your school meets this criterion. Is this correct?

Yes No - *If no, please explain in order for your application to be considered.*

VI. Related Services: All **NASET Exceptional Charter Schools** provide various types of related services for their students including, but not limited to:

- | | |
|---|--|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Cochlear Implant Services |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Deaf Community Interaction |
| <input type="checkbox"/> Evening Tutorial Program | <input type="checkbox"/> Local Mainstreaming opportunities |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Psychological Services | <input type="checkbox"/> Speech, Sign Language Services |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Vocational Evaluation |
| <input type="checkbox"/> Other (please explain) | |

According to documentation NASET has received on your charter school, NASET is of the belief that your school meets this criterion. Is this correct?

Yes No - *If yes, please check off the related services your school provides. If no, please explain in order for your application to be considered.*

VII. Curriculum: All **NASET Exceptional Charter Schools** ensure that students receive a well rounded curriculum to meet the specific needs of each individual student with a disability.

According to documentation NASET has received on your charter school, NASET is of the belief that your school meets this criterion. Is this correct?

Yes No - *If no, please explain in order for your application to be considered.*

VIII. Length of Operations: All **NASET Exceptional Charter Schools** have been in existence for at least 5 or more years.

According to documentation NASET has received on your charter school, NASET is of the belief that your school meets this criterion. Is this correct?

Yes No - *If no, please explain in order for your application to be considered.*

IX. Number of Months Open: All **NASET Exceptional Charter Schools** are open a minimum of 10 months out of the calendar year.

According to documentation NASET has received on your charter school, NASET is of the belief that your school meets this criterion. Is this correct?

Yes No - *If no, please explain in order for your application to be considered.*

X. Multiculturalism: All **NASET Exceptional Charter Schools** seek to provide a multicultural environment. According to documentation NASET has received on your charter school, NASET is of the belief that your school meets this criterion. Is this correct?

Yes No - *If no, please explain in order for your application to be considered.*

XI. Affiliations and Memberships: All **NASET Exceptional Charter Schools** are affiliated and/or have memberships in other professional associations and organizations.

According to documentation NASET has received on your charter school, NASET is of the belief that your school meets this criterion. Is this correct?

Yes No - *If yes, please list the memberships and/or affiliations your school is associated with at this time. If no, please explain in order for your application to be considered.*

XII. Admissions Procedures: All **NASET Exceptional Charter Schools** have a specific admissions procedure that they follow and adhere to in accepting students.

According to documentation NASET has received on your charter school, NASET is of the belief that your school meets this criterion. Is this correct?

Yes No - *If no, please explain in order for your application to be considered.*

XIII: Other Relevant Information of Support: If you believe that there is other information NASET should be aware of that best represents your school (e.g., honors, awards, etc.), please let us know.

Part III—Background Check

Please answer the following questions regarding the individuals employed in your school

(a) To the best of your knowledge, has any individual employed by your school ever been convicted of a crime in any state or country? Yes No - *If yes, please explain in order for your application to be considered*

(b) To the best of your knowledge, has any individual employed by your school ever had any licensing board or professional ethics body ever require him/her to surrender his/her license or found guilty of a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? Yes No - *If yes, please explain in order for your application to be considered.*
If yes, please explain in order for your application to be considered.

(c) To the best of your knowledge, are there any complaints, charges or investigations pending against any individual employed by your school by any licensing board or professional ethics body for violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country? Yes No - *If yes, please explain in order for your application to be considered.*

(d) To the best of your knowledge, has any professional liability claim or suit ever been made against any person employed by your school or the school itself? Yes No - *If yes, please explain in order for your application to be considered.*

(f) To the best of your knowledge, are there any circumstances that you are aware of that may result in any professional liability claim or suit being made against any person employed by your school? Yes No - *If yes, please explain in order for your application to be considered.*

(g) To the best of your knowledge, has any person employed by your school engaged in or ever been engaged in any sexual misconduct with any of your current or former students? Yes No - *If yes, please explain in order for your application to be considered.*

Your Application is Incomplete Until The \$300 Fee is Paid: [Click here](#)

Have you paid the \$300 Application Fee? (NOTE NASET's **new** address if you are mailing us an application or payment: **28 Liberty Street 6th Floor New York, NY 10005**)
Yes No

SIGNATURES AND REPRESENTATIONS

The undersigned represents that, to the best of his/her knowledge and belief, after diligent inquiry, the statements in this application and any attachments or information submitted to or obtained by NASET in connection with this application are true and complete.

Signature of Applicant Representing the School

Title

Date